■ FEATURE ARTICLE

A Progress Report on Decision Support 2000+

Some of the developers of the field's common data standards report on HIPAA's effect on their efforts and what they have planned next

by Ronald W. Manderscheid, PhD, and Marilyn J. Henderson, MPA*

A Substance Abuse and Mental Health Services Administration (SAMHSA) initiative, Decision Support 2000+, is developing a new set of data standards for the behavioral healthcare field. These include the transition to Health Insurance Portability and Accountability Act (HIPAA) electronic transaction requirements, as well as Web-based technology for the national processing of data. The National Institute of Mental Health and, subsequently, SAMHSA's Center for Mental Health Services (CMHS) in partnership with the Mental Health Statistics Improvement Program (MHSIP) have endeavored to develop and implement consensus-based, voluntary, core data standards for the field. In the past, this work focused principally on encounter, consumer, provider, and organizational characteristics. SAMHSA's Decision Support 2000+ builds upon this earlier work, but expands the information domains to include all features of the public health model.

The public health model includes information on community health and population characteristics; enrollment in insurance programs; service use/encounters, including provider, financing, and clinical/system evidence-based practices; and outcomes, performance measures, and summary report cards. Decision Support 2000+ incorporates all of these domains.

Currently, work is essentially complete on the core data standards for the person/enrollment and encounter domains. Drafts of core data sets exist for all other domains, as well. In addition to these core data sets, three parallel stakeholder-specific data sets are being developed for state public mental health systems, providers, and consumers and families. Although the stakeholder-specific data sets reflect specific interests, some of these interests will be of value to the entire field. We anticipate completing the work on the core and stakeholder-specific data sets within the next several months, while simultaneously soliciting input from the entire field on their content.

HIPAA Electronic Transactions

The work on data standards for Decision Support 2000+ was delayed somewhat to accommodate the development of handbooks and related electronic materials for each of the eight required HIPAA electronic transactions covered in federal regulations. These materials have been developed and are available at **www.mhsip.org/DS2K+.htm**.

The eight required HIPAA transactions are important not only because they are mandated data sets, but also because all required data elements in these transactions will be incorporated into Decision Support 2000+. In practical terms, most of the core data elements in the person/enrollment, encounter, and financial core data sets will be based on required HIPAA data elements. Most of this work of incorporating HIPAA into Decision Support 2000+ has been accomplished.

Accommodation of the new HIPAA requirements has allowed us to evolve another concept in data standards for Decision Support 2000+. This is the concept of "value added"—what specific value added can be attributed to mental health and behavioral healthcare? For example, in the person/enrollment, encounter, and financial core data sets, data elements that do not derive from HIPAA reflect "value added" for behavioral healthcare. This distinction is an important one as the behavioral healthcare industry seeks to maintain and bolster its credibility in a broader healthcare environment. This would make it possible to measure some of the important features of behavioral healthcare that are not reflected through HIPAA data, e.g., delivery of culturally competent mental healthcare. Specifically, it would be possible to examine provider characteristics and training, as well as

* The views expressed in this article are those of the authors and do not necessarily reflect the official positions of the U.S. Department of Health and Human Services or its component agencies.

evidence-based practices being implemented, to determine whether the care provided is culturally competent.

Implementing a National Web-Based IT System

Data standards mean little unless they are implemented and used for planning and decision making—hence the concept of Decision Support 2000+. A primary way to implement these standards is to embed them in Web-based software, which is then made available to the field. CMHS is partnering with the Software and Technology Vendors' Association (SATVA) to implement the Decision Support 2000+ data standards and also to develop a national Web-based information technology (IT) system. Since the system is currently under development, it is called the Decision Support 2000+ IT Prototype, which can be accessed at **www.ds2kplus.org**.

The developers of the IT Prototype have a simple vision: to build a Web-based IT system that is simple, distributed rather than integrated, and based predominately on off-the-shelf software. Also, this IT system should be capable of accepting plug-in modules that meet key needs of the mental health field. These technical features of the IT prototype should make it more feasible for behavioral healthcare providers to use the system easily.

The Decision Support 2000+ IT Prototype is a distributed, Web-based warehouse, rather than a traditional warehouse. It will not contain individually identifiable data; it will contain aggregated data for benchmarking and individual data that have been "deidentified" at the provider or state level. The IT Prototype will be tested over several months to see how it can receive data from different types of software platforms and perform its functions. A key feature is the ability to translate input data into the required HIPAA 834 (enrollment) and 837 (claims) formats.

Testing of the prototype will include inputting and translating data, processing data, and reporting results, while meeting new HIPAA privacy requirements. After testing of the IT Prototype is complete, work will be undertaken to build a full-scale system.

Conclusion

Mental health informatics is everyone's business; we solicit input from every reader of this article, including comments on the next steps that need to be taken. Only by working together will we make sufficient progress in data standards and accountability to dispel lingering doubts about the credibility of our clinical services and delivery systems.

Work on the current project is essential for the mental health field for the following reasons: The field must adapt to HIPAA electronic transaction requirements or face financial penalties; the field must adopt common data standards to actually constitute a group that works together across the chasms of public vs private, inclusion of persons with all disorders vs only the most severely ill, and an emphasis on children vs adults; and the field must have a national vehicle for sharing its data on the scope of mental health problems, the responses to those problems, and its successes and failures in addressing them. We all need to work together to accomplish these important goals. **BHM**

Ronald W. Manderscheid, PhD, is chief of the Survey and Analysis Branch, and Marilyn J. Henderson, MPA, is assistant chief of the Survey and Analysis Branch, at the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. For more information, e-mail rmanders@samhsa.gov or mhenders@samhsa.gov, or phone (301) 443-3343.